HUMANA®

HumanaHMO Maximum Benefit Plan
Custom Plan M01

Open Enrollment Hotline 1-888-EZENROL (1-888-393-6765)

Annual Deductible None	**Maximum out-of-pocket for covered expenses**	$1,000 single $2,000 family

Services	Covered benefits	Cost to member
Hospital (Refer to provider directory for a list of participating hospitals.)	Inpatient care • Room and board • Ancillary services • Physician visits	**NO CHARGE**
	Outpatient care • Preadmission testing • Outpatient surgery and other outpatient services	**NO CHARGE**
Physician (Visits to specialists must be authorized by your primary care physician.)	Office visits Health screening exams (maximum 1 per calendar year) Diagnostic lab tests and X-rays Immunizations Surgery, including anesthesia Hearing screenings under the age of 18 at primary care physician's office	$5 copayment per visit ($10 copayment per visit for specialists)
	Allergy treatments and materials	**NO CHARGE**
Emergency services	Emergency care services (when not admitted)	$10 copayment per visit
	Ground ambulance service	**NO CHARGE**
Other medical services (In physician's office, participating hospital, other authorized facilities or home, if medically necessary)	Prescription drugs	$5 generic/$10 brand/$15 nonformulary
	Home health care Skilled nursing facility - 100 day limit per calendar year Durable medical equipment Laboratory procedures	**NO CHARGE**
	Short-term speech, physical and respiratory therapy (limited to 60 consecutive days per sickness or injury; no limit if member's condition can improve significantly within two months)	**NO CHARGE**
	Hospice (includes bereavement counseling)	Outpatient: **NO CHARGE**; plan provides up to $2,000 in coverage per calendar year. Inpatient: **NO CHARGE**; plan provides up to $3,000 in coverage per calendar year.
Additional coverage	Maternity services	Same as any other covered condition
	Family planning • Infertility counseling and testing • Tubal ligation • Vasectomy	20 percent copayment
Alcohol and chemical dependency* & Mental and nervous disorders	Inpatient and Outpatient	Same as any other covered condition

*Covered only when provided or authorized in advance by Humana Inc.; referrals to a participating Humana Inc.'s psychiatrist's office, a participating hospital or other approved health care facility or program shall in all cases be at the sole discretion of Humana Inc.

Your participating primary care physician must authorize or direct all health services received under the plan. You must choose a primary care physician from the participating provider directory.

This is a brief plan description of the plan. More complete information, including exclusions and services not covered, is contained in the Group Plan/Certificate of Coverage. Information regarding the financial condition of Humana Inc. may be obtained by contacting its offices.

Visit our Web site at www.humana.com for information on our Maximum Benefit Plan network.

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